

CHECK REQUEST/EXPENSE STATEMENT

School District of Tomahawk

Make Check Payable To: _____ **Date Check Needed:** _____

Complete Address: _____

Person Making Request: _____

Date of Meeting/Event/Contest: _____

Purpose of Check Request/Expense: _____

Expenses:

Miscellaneous (Give Details):

	\$
	\$
	\$
	\$
	\$

Total Miscellaneous: \$ _____

Meals & Tips:

Date	Meal Cost	Tips	Total Meal Cost
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

For meal cost limits, please see Administrative Guidelines
[ag3440A](#) and [ag4440A](#)

Total Meals & Tips: \$ _____

Total Mileage(From Next Page): _____

Total Check Request: _____

Account Number: Fund _____ Location _____ Object _____ Function _____ Project _____

Signature of Requestor: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of District Administrator: _____ Date: _____

In-District and Meeting Mileage

[illegible]

Total Miles: _____
Reimbursement Rate: _____
Total Cost (Add to Front Page): _____